

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_  
FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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50				

TOTAL CLAIMS	TOTAL DEP.	TOTAL IND.	TOTAL	TOTAL CLAIMS	TOTAL DEP.	TOTAL IND.	TOTAL
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
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